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| Officer the Paperwork Neduction Act of 1993, no persons are                                                                                                                                                                                                  | required to respe                                                                                                                                                                                                                                       | ond to a conection o                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | I III O I III A I I I I I | iliess it displa | tys a valid ONID COINT | or Homber.   |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------|------------------------|--------------|--|--|--|--|
| UTILITY                                                                                                                                                                                                                                                      | Attorney D                                                                                                                                                                                                                                              | ocket No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 501.43299                 | X00              |                        | <del> </del> |  |  |  |  |
| PATENT APPLICATION                                                                                                                                                                                                                                           | First Inven                                                                                                                                                                                                                                             | tor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | TANIGUCHI, MAKI           |                  |                        |              |  |  |  |  |
| TRANSMITTAL                                                                                                                                                                                                                                                  | Title                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DISPLAY DEVICE            |                  |                        | 8. P.        |  |  |  |  |
| (Only for new nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                              |                                                                                                                                                                                                                                                         | ail Label No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                  |                        | 2,€          |  |  |  |  |
| APPLICATION ELEMENTS SEE MPEP chapter 600 concerning utility patent application                                                                                                                                                                              |                                                                                                                                                                                                                                                         | Mail Stop Patent Application  ADDRESS TO: Commissioner for Patents P.O. Box 1450                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                           |                  |                        |              |  |  |  |  |
| or in an Application Data Sheet under 37 CFR 1.76:  Continuation  Divisional  Co  Prior application information:  Examiner:  Art Unit  For CONTINUATION OR DIVISIONAL APPS only: The entire d  Box 5b, is considered a part of the disclosure of the accompa | 8. Nucleotide fif applicable a. Com b. Specificat i ii c. State  AC  9. Assi 10. 37 C  (whe 11. Engl 12. Infor State 14. Retu (Sho 15. Cert (if fo 16. Non (b)(2 or its 17. Othe For Priority  If (CIP) of prior prior application, ion or divisional a | 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)  8. Nucleotide and/or Amino Acid Sequence Submission fil applicable, all necessary  a. Computer Readable Form (CRF)  b. Specification Sequence Listing on:  i. CD-ROM or CD-R (2 copies); or  ii. paper  c. Statements verifying identity of above copies  ACCOMPANYING APPLICATION PARTS  9. Assignment Papers (cover sheet & documents(s))  10. 37 CFR 3.73(b) Statement Power of Attorney (when there is an assignee)  11. English Translation Document (if applicable)  12. Information Disclosure Copies of IDS Citations Statement (IDS)/PTO-1449  13. Preliminary Amendment  14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)  16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.  17. Other: Eigs. 1-11; Credit Card Payment Form; Claim For Priority Letter  18 tythe requisite information below and in a preliminary amendment, (CIP) of prior application No.: |                           |                  |                        |              |  |  |  |  |
| The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.  19. CORRESPONDENCE ADDRESS                                                                                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                  |                        |              |  |  |  |  |
| ☐ Customer Number ☐ Correspondence address but                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                  |                        |              |  |  |  |  |
| Name ANTONELLI, TERRY, STOUT 8                                                                                                                                                                                                                               | KRAUS, LLF                                                                                                                                                                                                                                              | )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                           |                  |                        |              |  |  |  |  |
|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                  |                        |              |  |  |  |  |
| Address                                                                                                                                                                                                                                                      | <u> </u>                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           |                  |                        |              |  |  |  |  |
| City                                                                                                                                                                                                                                                         | State                                                                                                                                                                                                                                                   | <del>-</del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                           | Zip Code         |                        |              |  |  |  |  |
| Country                                                                                                                                                                                                                                                      | Telephone                                                                                                                                                                                                                                               | (703) 312-6600                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           | Fax              | (703) 312-6666         |              |  |  |  |  |
| Name (Print/Type) Melvin Kraus /?                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                         | Registration No. (/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Attorney/Agent,           |                  | 22,466                 |              |  |  |  |  |
| Signature 1 1.4.4 Ab 19 2                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                           | Date             | November 26, 20        | U3           |  |  |  |  |

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

November 26, 2003

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| FEETPALORITTAL                                                                                                                                                                                                                  |                                                      |              |          |            |        |                         | Complete if Known           |                                  |                                         |                                       |                                                                       |                                                       |                                                         |        |          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------|----------|------------|--------|-------------------------|-----------------------------|----------------------------------|-----------------------------------------|---------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|--------|----------|--|
| FEE TRANSMITTAL<br>for FY 2004                                                                                                                                                                                                  |                                                      |              |          |            |        |                         | Ā                           | Application Number               |                                         |                                       |                                                                       |                                                       |                                                         |        |          |  |
|                                                                                                                                                                                                                                 |                                                      |              |          |            |        |                         | -                           | Filing Date                      |                                         |                                       | November 2                                                            | November 26, 2003                                     |                                                         |        |          |  |
|                                                                                                                                                                                                                                 |                                                      |              |          |            |        |                         | -                           |                                  | med Inv                                 | entor                                 |                                                                       | TANIGUCHI, MAKI                                       |                                                         |        |          |  |
| Effective 10/01/2003 Patent fees are subject to annual revision                                                                                                                                                                 |                                                      |              |          |            |        | -                       |                             | er Name                          |                                         |                                       | ,                                                                     |                                                       |                                                         |        |          |  |
| Effective 10/01/2003. Patent fees are subject to annual revision.                                                                                                                                                               |                                                      |              |          |            |        | _ <del> </del>          |                             |                                  |                                         | <del></del>                           |                                                                       |                                                       |                                                         |        |          |  |
| Applicant claims small entity status. See 37 CFR 1.27                                                                                                                                                                           |                                                      |              |          |            |        |                         | ^                           | Art Unit                         |                                         |                                       |                                                                       |                                                       |                                                         |        |          |  |
| TOTAL AMOUNT OF PAYMENT (\$) 788.00                                                                                                                                                                                             |                                                      |              |          |            |        |                         |                             | Attorney Docket No. 501.43299X00 |                                         |                                       |                                                                       |                                                       |                                                         |        |          |  |
| METHOD OF PAYMENT (check all that apply)                                                                                                                                                                                        |                                                      |              |          |            |        |                         | FEE CALCULATION (continued) |                                  |                                         |                                       |                                                                       |                                                       |                                                         |        |          |  |
| ☐ Check ☑ Credit Card ☐ Money ☐ Other ☐ None<br>Order                                                                                                                                                                           |                                                      |              |          |            |        |                         | 3. A                        | DDITIO                           | ONAL F                                  | EES                                   | en e                              |                                                       |                                                         |        |          |  |
| ☑ Deposit Account:                                                                                                                                                                                                              |                                                      |              |          |            |        |                         |                             | ĺ                                |                                         |                                       |                                                                       |                                                       |                                                         |        |          |  |
| Deposit                                                                                                                                                                                                                         |                                                      |              |          |            |        |                         |                             |                                  | See |                                       |                                                                       |                                                       |                                                         |        |          |  |
| Accour<br>Numbe                                                                                                                                                                                                                 |                                                      | 0            | 1-213    | 5          |        |                         |                             | Large                            | arge Entity Small Entity                |                                       |                                                                       |                                                       |                                                         |        | Fee Paid |  |
| Depos                                                                                                                                                                                                                           | it                                                   |              |          |            |        |                         | 7                           | Fee                              | Fee                                     | Fee                                   | Fee                                                                   | Eas Dacari                                            | ntion                                                   |        |          |  |
| Accour<br>Name                                                                                                                                                                                                                  | nt [                                                 | Antone       | lli, Tei | ry, Stou   | ıt & F | Kraus, LLF              | <u></u>                     | Code<br>1051                     | ( <b>3</b> )<br>130                     | <b>Code</b> 2051                      | (\$)<br>65                                                            | Fee Descri<br>Surcharge – late fili                   |                                                         |        |          |  |
| The Director is authorized to: (check all that apply)  Charge fee(s) indicated below                                                                                                                                            |                                                      |              |          |            |        |                         | 1052                        | 50                               | 2052                                    | 25                                    | Surcharge – late processing                                           | rcharge – late provisional filing fee or<br>ver sheet |                                                         |        |          |  |
| [7] Charge a                                                                                                                                                                                                                    | anv o                                                | dditiona     | l fee/s  | a) during  | the    | nendenci                | of this application.        | 1053                             | 130                                     | 1053                                  | 130                                                                   |                                                       | n-English specification                                 |        |          |  |
| E Charge a                                                                                                                                                                                                                      | iiiy o                                               | uditiona     | 1100(3   | i) during  | 1116   | pendency                | от инэ аррисацогі.          | 1812                             | 2,520                                   | 1812                                  | 2,520                                                                 | For filing a request                                  | filing a request for ex parte reexamination             |        |          |  |
| ☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.                                                                                                                             |                                                      |              |          |            |        |                         | 1804                        | 920*                             | 1804                                    | 920*                                  | Requesting publica<br>Examination action                              | questing publication of SIR prior to amination action |                                                         |        |          |  |
|                                                                                                                                                                                                                                 |                                                      | romo e m     |          | CALC       | JLA    | TION                    |                             | 1805                             | 1,8401                                  | 1805                                  | 1,840                                                                 | *Requesting publica<br>Examiner action                | tion of SIR after                                       |        |          |  |
| BASIC FILING FEE     Large Entity Small Entity                                                                                                                                                                                  |                                                      |              |          |            |        | 1251                    | 110                         | 2251                             | 55                                      |                                       | ension for reply within first month                                   |                                                       |                                                         |        |          |  |
|                                                                                                                                                                                                                                 | Fee                                                  |              |          | y<br>Fee D | escr   | iption                  | Fee Paid                    | 1252                             | 420                                     | 2252                                  |                                                                       | Extension for reply                                   |                                                         | nth    |          |  |
| Code<br>1001                                                                                                                                                                                                                    | ( <b>\$</b> )<br>770                                 | Code<br>2001 |          | Utility fi | lina f |                         | 770                         | 1253                             | 950                                     | 2253                                  | 475                                                                   | Extension for reply                                   | within third month                                      |        |          |  |
| 1001                                                                                                                                                                                                                            | 340                                                  | 2001         |          | Design     | -      |                         | 770                         | 1254                             | 1,480                                   | 2254                                  | 740                                                                   | Extension for reply                                   | within fourth montl                                     | n      |          |  |
| 1003                                                                                                                                                                                                                            | 530                                                  | 2003         | i        | Plant fil  | _      |                         |                             | 1255                             | 2,010                                   | 2255                                  | 1,005                                                                 | Extension for reply                                   | within fifth month                                      |        |          |  |
| 1004                                                                                                                                                                                                                            | 770                                                  | 2004         | 385      | Reissu     | -      |                         |                             | 1401                             | 330                                     | 2401                                  | 165                                                                   | Notice of Appeal                                      |                                                         |        |          |  |
| 1005                                                                                                                                                                                                                            | 160                                                  | 2005         | 80       | Provision  | onal 1 | filing fee              |                             | 1402                             | 330                                     | 2402                                  | 165                                                                   | Filing a brief in sup                                 | * *                                                     |        |          |  |
|                                                                                                                                                                                                                                 |                                                      |              |          | 1403       | 290    | 2403                    | 145                         | •                                | quest for oral hearing                  |                                       |                                                                       |                                                       |                                                         |        |          |  |
| SUBTOTAL (1) 770                                                                                                                                                                                                                |                                                      |              |          |            |        |                         | 1451                        | 1,510                            | 1451                                    |                                       |                                                                       | ition to institute a public use proceeding            |                                                         |        |          |  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE                                                                                                                                                                                     |                                                      |              |          |            |        | 1452                    | 110                         | 2452                             | 55<br>665                               |                                       | tition to revive – unavoidable                                        |                                                       |                                                         |        |          |  |
| Fee from Extra Claims below Fee Paid                                                                                                                                                                                            |                                                      |              |          |            |        | 1453<br>1501            | 1,330<br>1,330              | 2453<br>2501                     | 665<br>665                              |                                       | tition to revive – unintentional<br>lity issue fee (or reissue)       |                                                       |                                                         |        |          |  |
| Total Claims 21 -20** = 1 x 18.00 = 18.00                                                                                                                                                                                       |                                                      |              |          |            | 1502   | 480                     | 2502                        | 240                              | •                                       | sign issue fee                        |                                                                       |                                                       |                                                         |        |          |  |
| Indep.                                                                                                                                                                                                                          | 3                                                    |              | = 0      |            | 86.0   |                         | 0.00                        | 1503                             | 640                                     | 2503                                  | 320                                                                   | Plant issue fee                                       |                                                         |        | ļ        |  |
| Claims                                                                                                                                                                                                                          | •                                                    |              | •        |            |        | _                       |                             | 1406                             | 130                                     | 1460                                  | 130                                                                   | Petitions to the Cor                                  | nmissioner                                              |        |          |  |
| Multiple Dependent 290.00 = 0.00                                                                                                                                                                                                |                                                      |              |          |            |        | 1807                    | 50                          | 1807                             | 50                                      |                                       | ocessing fee under 37 CFR 1.17(q)                                     |                                                       |                                                         |        |          |  |
| Large Entity                                                                                                                                                                                                                    | Sn                                                   | all Entit    | y        |            | F      | Descripti               |                             | 1806                             | 180                                     | 1806                                  | 180                                                                   | Submission of Infor                                   | mation Disclosure                                       | Stmt   |          |  |
| Large Entity         Small Entity           Fee         Fee         Fee         Fee Description           Code (\$)         Code (\$)         Code (\$)           1202 18         2202         9         Claims in excess of 20 |                                                      |              |          |            |        | 8021                    | 40                          | 8021                             | 40                                      |                                       | cording each patent assignment per perty (times number of properties) |                                                       |                                                         |        |          |  |
| 1201 86 2201 43 Independent claims in excess of 3                                                                                                                                                                               |                                                      |              |          |            | 1809   | 770                     | 2809                        | 385                              |                                         | ng a submission after final rejection |                                                                       |                                                       |                                                         |        |          |  |
| 1203 290                                                                                                                                                                                                                        | 3 290 2203 145 Multiple dependent claim, if not paid |              |          |            |        | 1810                    | 770                         | 2810                             | 385                                     |                                       | CFR § 1.129(a)) each additional invention to be                       |                                                       |                                                         |        |          |  |
| 1204 86                                                                                                                                                                                                                         | 22                                                   | 04 43        |          |            |        | ndependen               | t claims                    | 1000                             | 710                                     | 2010                                  | 303                                                                   |                                                       | amined (37 CFR § 1.129(b))                              |        |          |  |
| 1205 18                                                                                                                                                                                                                         | 22                                                   | 05 9         |          | ** Reiss   | ue c   |                         | cess of 20                  | 1801                             | 770                                     | 2801                                  | 385                                                                   | Request for Continu                                   | equest for Continued Examination (RCE)                  |        |          |  |
|                                                                                                                                                                                                                                 |                                                      |              |          |            |        | original p<br>AL (2) \$ |                             | 1802                             | 900                                     | 1802                                  | 900                                                                   |                                                       | equest for expedited examination f a design application |        |          |  |
|                                                                                                                                                                                                                                 |                                                      |              |          |            |        |                         | Other                       | fee (spe                         | ecify)                                  |                                       | _                                                                     |                                                       |                                                         |        |          |  |
| "" or number previously paid, if greater, For Reissues, see above.                                                                                                                                                              |                                                      |              |          |            |        |                         | ı                           |                                  | Basic Filir                             | na Fee                                | Paid                                                                  | SUBTOTAL (                                            | 3) (\$)                                                 | 0.00   |          |  |
|                                                                                                                                                                                                                                 |                                                      |              |          |            |        |                         |                             |                                  | .cca by                                 | Casic I III                           | .9 . 66                                                               |                                                       | JOD TOTAL (                                             | -, (*) | 0.00     |  |
| SUBMITTED                                                                                                                                                                                                                       | ВҮ                                                   |              | T        |            |        |                         |                             |                                  | and the second                          |                                       |                                                                       | Complete (if app                                      | olicable)                                               |        |          |  |
|                                                                                                                                                                                                                                 |                                                      |              |          |            |        |                         | ation No<br>ey/Agent        |                                  | 22,46                                   |                                       | Telephone                                                             | 703-312-6                                             | 600                                                     |        |          |  |
| Name (Print/Type) Melvin Kraus (                                                                                                                                                                                                |                                                      |              |          |            |        | LAROTTE                 | y/Ageni                     | .,                               | 44,40                                   |                                       | relephone                                                             | 103-312-0                                             |                                                         |        |          |  |

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Signature